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CONFIRMATION NO. 8355

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SERIAL NUMBER 10/773,621	FILING OR 371(c) DATE 02/06/2004 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. J07-013
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APPLICANTS

Harvey Jay, Scarsdale, NY;

**** CONTINUING DATA *******This application is a CIP of 10/647,948 08/26/2003 *HJ***** FOREIGN APPLICATIONS ********No***IF REQUIRED, FOREIGN FILING LICENSE****** SMALL ENTITY ******GRANTED ** 05/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Hair treatment method

FILING FEE RECEIVED 1023	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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